

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/555342

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | 1 | | | | | |
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| 11 | | | 1 | | 1 | |
| 12 | | | 1 | | 1 | |
| 13 | | | 1 | | 1 | |
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| TOTAL IND. | | | 5 | | 9 | |
| TOTAL DEP. | | | 39 | | 23 | |
| TOTAL CLAIMS | | | 44 | | 32 | |

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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

BEST AVAILABLE COPY